

#

**Senior Wellbeing Practitioner Role (for EMHPs and CWPs) Graduate/Post-Graduate Diploma Training**

**Final version, December 2022**

**Professor Peter Fonagy, Professor Catherine Gallop**

**Chairs of the HEE/NHSE Senior Wellbeing Practitioner (SWP) Curriculum Development Group**

Acknowledgements and Thanks

This curriculum has been drafted between January and December 2022. The development process has been commissioned by HEE on behalf of NHSE, and led by Professor Peter Fonagy, Children and Young People’s Mental Health National Clinical Advisor, who chaired the Curriculum Development Group meetings, with Dr Catherine Gallop, acting as co-chair and main author.

HEE and NHS England (NHS E) would like to extend their gratitude to all members of the Curriculum Group, with special thanks to the chairs, main authors, and key contributors to the document, who gave of their time to participate in the discussions at monthly meetings, explored key issues outside of the meetings, and provided expertise in authoring the content of this document.

With special thanks to:

Professor Peter Fonagy (Chair), NHS E

Professor Catherine Gallop, (co-chair), University of Exeter

Dr Jonathan Parker, University of Exeter

Dariush Salehi

Dr Adrian Wittington, HEE, NHS E

Dr Markku Wood, Northumbria University

Contents

[**Overall Structure:** 3](#_Toc125100480)

[**N.B. The delivery of Modules 1 and 2 should also be mapped to:** 3](#_Toc125100481)

[**https://www.hee.nhs.uk/sites/default/files/documents/EMHP%20supervision%20curriculum.pdf** 3](#_Toc125100482)

[**and,** 3](#_Toc125100483)

[**https://www.hee.nhs.uk/sites/default/files/documents/CWP%20supervision%20curriculum.pdf** 3](#_Toc125100484)

[Knowledge of Autism and Learning Disabilities: 19](#_Toc125100485)

[Relevant Aspects of Legislation and context, for example: 20](#_Toc125100486)

[Social models of disability and practice: 20](#_Toc125100487)

[What to modify in low intensity assessment and practice: 21](#_Toc125100488)

**Overall Structure:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Module 1 (30)** | **Module 2 (30)** | **Module 3 (30)** | **Module 4 (30)** |
| **Supervision I:** Supervising Evidence-Based Psychological Interventions in Child and Adolescent Mental Health or Education Settings | **Supervision II:** Clinical Supervision Practice (Wellbeing Practitioner for Children and Young People or Education Mental Health Practitioner) | **Enhanced Practice in Early Intervention** | **Adapting Low Intensity Practice with CYP (& families) with neurodiversity including AUTISM/LD** |
| Generic Supervision (generic knowledge and competencies to support effective supervision) | CWP *or* EMHP specific supervision knowledge and competencies (e.g., supervision of low intensity interventions and whole school approaches). | Low intensity / Early Intervention support for: * Traumatic events
* OCD
* Self-harm
* Tics
* School Anxiety
 | * Adaptations to practice
* LI interventions
* Adapted LI CBT for anxiety and low mood
* Interventions for behaviours of concern (functional analysis)
* Problem-Solving and executive function
 |

**N.B. The delivery of Modules 1 and 2 should also be mapped to:**

[**https://www.hee.nhs.uk/sites/default/files/documents/EMHP%20supervision%20curriculum.pdf**](https://www.hee.nhs.uk/sites/default/files/documents/EMHP%20supervision%20curriculum.pdf)

**and,**

[**https://www.hee.nhs.uk/sites/default/files/documents/CWP%20supervision%20curriculum.pdf**](https://www.hee.nhs.uk/sites/default/files/documents/CWP%20supervision%20curriculum.pdf)

**Background and Context**

Ensuring the supply of staff trained to deliver high quality care for children and young people’s mental health (CYP MH) is critical to delivering the NHS Long Term Plan (LTP) commitments. The availability of appropriate CYPMH supervision is emerging as a key limiting factor for any options of expansion of MHSTs and other CYP MH services beyond current plans. It is also becoming increasingly clear that in order to reach the access target of 345,000 by 23/24, and 100% coverage by the end of the LTP period, we will need to equip our workforce to offer a broader range of interventions to children, young people and families from a wider range of backgrounds and in spaces beyond the clinic and educational settings. The CYP MH low intensity psychological professions workforce is critical to achieving these commitments.

For the purposes of this curriculum, Low Intensity Practice is defined as:

* Inclusion of guided self-help resources, worksheets and/or manualised interventions.
* Interventions delivered face-to-face, remotely or through an evidenced based / approved technological medium e.g., mobile phone ‘app’.
* Predominantly drawing on cognitive behavioural theory and approaches.
* A brief course of intervention of 4 to 8 sessions.
* Shorter duration of intervention sessions of 30 to 45 minutes.
* Interventions are informed by evidence-based practice principles and delivered by correspondingly trained low-intensity practitioners

This proposal has been developed through a sub-group of the National Psychological Professions Core Group, focussing on New Roles, jointly led by NHSEI and HEE. From that group a national Curriculum Group was convened, chaired by Professor Peter Fonagy, and with representation from HEE, NHSEI, DfE, HEIs, services and experts by experience contributing to the curriculum development.

The focus of the group’s work has been the development of a sustainable career progression pathway for qualified EMHPs and CWPs. The development of Senior Wellbeing Practitioner training opportunities aims to extend the clinical skillset of these roles, enhance their specialisation for community and educational settings respectively, expand supervisory capacity, support workforce retention within the low intensity profession and enable widened participation and social mobility within this workforce.

The benefits of this training and role would include:

1. Robust supply and optimisation of supervision for CWPs and EMHPs.
2. Increased specialisation in either community or educational settings and clear differentiation between pathways, also supported by accreditation of CWPs/EMHPs.
3. Increased access to support for a broader range of CYP and families across educational and community settings including:
	1. Interventions for moderate to severe anxiety, including trauma informed interventions, and for Obsessive Compulsive Disorder, and Social Anxiety.
	2. Working with neuro-diverse CYP with and their families, including those with ASC and LD
4. Improved staff retention through transparent career progression prospects within low intensity pathways.

The training will support delivery of NHS LTP and Green Paper commitment in relation to access to CYP MH services and extending support to all children and young people. It will enable clearer distinctions between the roles of CWPs in community settings, and EMHPs in MHSTs, so that career pathways/skill sets can be developed to best meet the needs of these audiences.

For implementation of the first cohort of SWPs, the recommendation from NHSEI is that services should provide salary support funding at NHS Agenda for Change (AFC) Band 6 where possible, during training and must allow protected time for academic and practical study and application, alongside requirements of their role in the service. The training is designed to be delivered as a Graduate or Post-graduate Diploma level training offered on a part-time basis, over 2 years. Those who have previously qualified through Children’s Wellbeing Practitioner (CWP) training at Graduate or Post-Graduate Certificate level will be supported by HEIs to attend the training, alongside a competency assessment and development framework.

The first cohort of Senior Wellbeing Practitioner (SWP) training will commence at HEIs across the country in January 2023.

In the initial cohorts / implementation phase, it is likely that a proportion of SWP trainees will have already undertaken the PG Cert in Supervision (either via EMHP or CWP pathway). HEIs are strongly encouraged to develop processes that acknowledge this previous study and pre-awarded credits.

Cross reference should also be made to the pre-existing CWP and EMHP training curriculum including entry criteria / processes found here:

<https://www.hee.nhs.uk/sites/default/files/documents/EMHP%20supervision%20curriculum.pdf>

<https://www.hee.nhs.uk/sites/default/files/documents/CWP%20supervision%20curriculum.pdf>

Please note credit structures are provided in this curriculum as guidance as long as modules cover the Intended Learning Outcomes (ILOs), to acknowledge that individual HEIs may have different structures in place. However, overall, the weighting of the modules should reflect approximately 50% supervision modules, and 50% enhanced practice modules.

**Introduction to the Supervision Modules:**

The aims of the supervisor modules are to enable Senior EMHPs/CWPs:

* To develop competency in supervising CWP / EMHP evidence-based interventions set out in the CWP/EMHP curricula.
* To evidence a critical knowledge of the theoretical, research and implementation literature that underpins the supervision of trainees on the CWP/EMHP programme.
* To develop sustainable skills in supervising CWPs/EMHPs in order to drive the ongoing development of these quality-driven, outcomes-informed services.

**Module 1: Supervising Evidence-Based Psychological Interventions in Child and Adolescent Mental Health or Education Settings**

Across all psychological interventions in child mental health or education settings, it is increasingly recognised that clinical supervision plays a fundamental role in improving clinical outcomes, supporting practitioners and ensuring safe and effective practice. In this module you will develop advanced skills and mastery of the supervision competencies associated with clinical supervision of Evidence-Based Psychological interventions for Child and Young Persons’ mental health / emotional difficulties. Considerable opportunity for supervision and reflection on your supervisory practice will be afforded to enhance learning and ongoing action planning.

|  |  |  |
| --- | --- | --- |
| **Module** | **Module Aims** | **Content / Learning Objectives** |
| **Module 1: Supervising Evidence-Based Psychological /Interventions in Child and Adolescent Mental Health or Education Settings: Theory and context****30 credits** | 1. The aim of this module is to develop advanced practice skills in clinical supervision of children and young peoples’ mental health practitioners and to support reflective practice.
2. To evidence a critical knowledge of the theoretical, research and implementation literature that underpins the supervision of trainees on the CWP/EMHP programmes.
 | **Intended Learning Outcomes:*** Understand the aims, objectives and structure of the CYP-MH low intensity training programmes and mental health settings (CYPMHS), including MHSTs
* Develop critical knowledge of the theoretical, research and implementation literature that underpins the supervision of trainees / practitioners on the training programmes / these settings
* Understand the importance of supervision as a key clinical activity within CYPMHS/MHSTs
* Understand the importance of the supervisor as a change agent offering leadership and support to colleagues during the development and sustainability of CYPMHS/MHSTs
* Evidence awareness of models of supervision applied within CYPMHS
* Be able to describe the supervision competencies outlined by Roth and Pilling (2007), published at: <http://www.ucl.ac.uk/clinical-psychology/CORE/competence_frameworks.htm>. [[1]](#footnote-1)
* Understand the theory and practice of disseminating the model of supervision using the fundamental principles of Evidence-based Practice; Increasing service user participation; Increasing accessibility of services; Increasing awareness of MH problems in CYP; and Accountability in practice using routine outcome measures
* Understand the role of CWPs/EMHPs in the wider CYPMHS/MHST infrastructure.
* Understand the specific service structures used in the CYPMHS/MHSTs where the supervisee is placed.
* Synthesise theory and competencies in planning, delivering and reflecting on clinical supervision across relevant Children and young peoples’ settings
* Demonstrate generic competencies in clinical supervision of evidence-based psychological interventions for children and young people
* Evidence how reflection on your clinical supervision skills influences your practice
* Identify how you meet the relevant national competency standards for clinical supervision in child mental health practice
* Address systematically complex supervision problems which may be framed within unpredictable contexts, think critically, creatively, and independently, and fully appreciate the complexities of the issues
* Describe the wider ethical and professional issues encountered within clinical supervision
* Appraise your personal strengths and weaknesses in training and experience, and reflect upon the implications for your further training needs
* Give accurate and constructive feedback
* In addition to the specific competences of supervisors in relation to the CWP/EMHP curricula, it is expected that supervisors will have generic capacities to provide a learning environment that enables trainees to thrive

**Content:*** **Principles of supervision**: The aim of this session is to ensure that supervisor graduates will understand the process of supervision in relation to CWP/EMHP practice.
* **Promoting psychological knowledge in supervision**: The aim of this session is to develop supervisor skills in broadening trainee practitioners’ understanding of psychological theory directly relevant to CWP/EMHP practice, psychological knowledge in the context of working with children, young people, parents and families, and service-related issues.
* **The use of outcomes data in supervision:** The aim of this session is to introduce supervisors to the use of outcomes data as part of routine supervision with an emphasis of using routine outcomes monitoring to enhance the use of outcomes information for clinical decision making shared between CWPs/EMHPs and the child, young person and or family.
* **Facilitating therapeutic processes in supervision:** This session aims to equip supervisor trainees with the knowledge of how to guide trainee practitioners in the core processes of the CWP/EMHP programme. With an emphasis on a number of key characteristics central to delivering effective CWP/EMHP therapeutic interventions.
* **Delivering modality-specific supervision**: These sessions focus on enabling supervisor trainees to understand and develop skills in providing direct modality-specific supervision to trainee/practitioner CWPs/EMHPs.
* **Supervising Low Intensity Interventions:** These sessions focus on the specific competencies needed to supervise low intensity interventions.
* **Supervising Whole School Interventions** (for EMHPs): These sessions focus on the supervision of interventions at whole school level which include consulting classroom and general mental health and wellbeing advice. The sessions incorporate providing a foundational understanding of the educational system both at primary and secondary education levels.
* **Supervising Community Based Interventions (CWPs):** These sessions focus on the supervision of interventions at the community level e.g., group work, participation work, staffing training, psychoeducation etc.
 |

**Module 2: Clinical Supervision Practice (Children Wellbeing Practitioners and Young People or Education Mental Health Practitioner)**

Within CYP mental health settings and education settings, it is becoming increasingly recognised that clinical supervision plays a fundamental role in improving clinical outcomes, supporting practitioners and ensuring safe and efficient practice.

In this module you will develop advanced skills and mastery of the supervision competencies associated with clinical and case management supervision in relation to CWP or EMHP practice. Considerable opportunity for supervision and reflection on your supervisory practice will be afforded to enhance learning and ongoing action planning.

|  |  |  |
| --- | --- | --- |
| **Module** | **Module Aims** | **Content / Learning Objectives** |
| **Module 2: Clinical Supervision Practice (Children’s Wellbeing Practitioner or Education Mental Health Practitioner)****30 credits** | 1. The aim of this module is to develop advanced practice skills in clinical and case management supervision for evidence based low intensity practice and to support reflective practice.
2. To develop competency in supervising CWP/EMHP evidence-based interventions set out in the CWP/EMHP curriculum.
3. To develop sustainable skills in supervising CWPs/EMHPs in order to drive the ongoing development of these quality-driven, outcomes-informed services.
 | **Intended Learning Outcomes:*** Be able to describe and evidence the supervision competencies outlined by Roth and Pilling (2007), published at: <http://www.ucl.ac.uk/clinical-psychology/CORE/competence_frameworks.htm>. [[2]](#footnote-2)
* Evidence awareness of models of supervision applied within CYPMHS, relevant to the EMHP and CWP roles
* Demonstrate practical understanding in the application of clinical supervision competencies within CWP / EMHP practice
* In addition to the specific competences of supervisors in relation to the CWPs/EMHP curricula, it is expected that supervisors will have generic capacities to provide a learning environment that enables trainees and qualified low intensity practitioners to thrive.
* Synthesise theory and competencies in planning, delivering and reflecting on clinical supervision of low intensity interventions
* Demonstrate modality specific competencies in clinical supervision of low intensity psychological interventions
* Evidence through the portfolio how your reflection on your clinical supervision skills influences your practice
* Identify how you meet the national competency standards for clinical supervision practice of low intensity psychological interventions
* Address systematically complex supervision problems which may be framed within unpredictable contexts, think critically, creatively, and independently, and fully appreciate the complexities of the issues, supporting practitioners to understand the remit and limitations of Low Intensity practice
* Support practitioners to maintain high caseloads through competencies in structured case management supervision
* Support practitioners to maintain fidelity to the low intensity model, whilst being able to adapt materials to suit a wide range of developmental ages and abilities
* Describe the wider ethical and professional issues encountered within clinical skills supervision of low intensity practice
* Appraise your personal strengths and weaknesses in training and experience, and reflect upon the implications for your further training needs
* Give accurate and constructive feedback in the context of low intensity supervision
* Support EMHP / CWP trainees / practitioners in gathering, analysing and reflecting on evidence for the appropriateness and effectiveness of low-intensity interventions for children, young people and families from different ethnicities, cultural and / or other backgrounds.
* Support EMHP / CWP trainees / practitioners to adapt their practice in accordance with the needs and perspectives of young people and families from different ethnic, cultural and/or other backgrounds, as well as those with protected characteristics.
 |

**Module 3: Enhanced Practice in Early Intervention**

The CYP LI specialist workforce is proving invaluable in working with mild to moderate mental health conditions. This module aims to expand the scope and breadth of the conditions that CYP LI practitioners can work with.

This module will therefore enhance competency across a range of early interventions and expand the breadth of low intensity support available for children, young people and families experiencing the impact of common mental health difficulties. Specifically, practitioners will develop an understanding of, and interventions for, advanced anxiety presentations, trauma informed practice principles and approaches and difficulties relating to school anxiety.

The practitioner will develop the knowledge and understanding of the key characteristics of these presentations before establishing and demonstrating clinical competency in delivering the appropriate, evidenced based early intervention support. Whilst there is an increase in the breadth of conditions, it is critical that the focus remains on the fidelity to mild/moderate conditions aimed at the Thrive stages of Getting advice and getting help.

The guidelines below set out the national expectations for the conditions that are recommended to expand in to, however, small variations to meet to idiosyncratic needs of local service pathways may be needed and evaluated.

|  |  |  |
| --- | --- | --- |
| **Module** | **Module Aims** | **Content / Learning Objectives** |
| **Module 3: Enhanced Practice in Early Intervention****30 credits** | 1. To acquire knowledge and skills in effective brief (low intensity) interventions for children, young people and family experiencing advanced anxiety presentations, based on the most up to date evidence.
2. To acquire knowledge and skills in assessment of, psychoeducation and trauma informed practice/principles in relation to traumatic events.
3. To understand and implement low intensity interventions for self-harm
4. To acquire knowledge and skills in working with school anxiety
 | **Low Intensity interventions for traumatic stress:*** Assessment of YP who have experienced difficult/potentially traumatic events
	+ Understanding diagnostic criteria (understanding DSM/ICD)
	+ Understanding potentially Traumatic and stressful events and similarities in presentations (overview of differential diagnosis)
* Identification of traumatic events and their impact including Acute stress reactions and PTSD.
* Awareness and use of validated measures (e.g., CRIES-8).
* Understanding of the way that traumatic experiences can shape subsequent difficulties.
* Identifying when NICE recommended psychological therapy (Trauma-focused CBT) is indicated and appropriate signposting and referral to this.
* Understand how to create the environment following a potentially traumatic event that will best help recovery (to support schools or carers) – whole school approach – community (e.g., UKTC resource to inform schools response).
* Awareness of availability of evidence-based (group) intervention for use after large scale events (e.g., Teaching Recovery Techniques (TRT)  <https://childrenandwar-uk.org/>
* Delivery of psychoeducation about trauma reactions
* Adaptation of other EMHP/CWP interventions to be trauma-informed

**Working with OCD:*** To understand and identify the symptoms of OCD as part of a low intensity assessment
* To understand the casual mechanisms in OCD
* To support CYP and the parents / cares understand how OCD is maintained (vicious cycle) and the impact on their lives, including psychoeducation
* To collaboratively set and monitor goals to break down the vicious cycle
* To understand and support effective guided self-help interventions for OCD for mild to moderate OCD
* To understand and support effective relapse prevention strategies

**Low intensity interventions/community and school support/signposting for self-harm:*** To understand definitions and the nature of self-harm including prevalence, common presentations, predictors, common course.
* To understand the impact of self-harm
* To understand links between self-harm, emotion regulation and avoidance
* To understand common maintaining factors including positive and negative reinforcement mechanisms (intra and interpersonal)
* To understand and implement low intensity interventions for the treatment for self-harm to include building motivation, emotion regulation, goal setting etc.)

**Tics:*** To understand and identify tics as part of a low intensity assessment.
* To understand the range of co-morbidities that co-occur with tics.
* To understand evidence to support treatment planning and whether tics or comorbidity should be prioritised in a stepped model of care.
* To provide psychoeducation information and support for parents on tics (including course/prevalence, causes, role of premonitory urges, resources, what behavioural interventions involve and what aids their success)

***Optional****: To provide exposure and response prevention (ERP) and Habit Reversal Training (HRT) as behavioral interventions for tics in children and young people with Tourette Syndrome or Tic disorder.* ***Optional****: To support parent coping strategies e.g., how to support their child in applying ERP/HRT and functional analysis, relaxation training, learning and environmental support/adaptations relating to tics* ***Optional****: Where available, to utilise internet delivered, therapist supported, and parent assisted ERP/HRT.* Link to related paper and NHS 2016 Systematic Review**School Anxiety:*** To understand the epidemiology of school anxiety as opposed to truancy
* To understand the specifics of a school anxiety LI assessment
* To build a shared understanding of what is the central problem for the YP & parents which contribute to the development and maintenance of the YPs refusal to attend school
* To provide psychoeducation to staff and support whole school approaches to wellbeing, to consider the wider context of the education environments to support wellbeing
* To deliver a developmentally sensitive, modular based LI CBT approach (to include setting goals, problem solving, managing stress, reducing maintenance factors)
* To provide Low Intensity anxiety interventions where appropriate, based on what maintains the refusal, e.g., social anxiety, separation anxiety, Parent led CBT, behavioural/parenting interventions to support management of behaviour.
* To understand that school anxiety can be complex and further support and advice may be required outside of the LI CBT approach, which may need to be sought from other professionals.
 |

**Module 4: Adapting Low Intensity Practice with CYP (and families) with neurodiversity including AUTISM / LD**

This module will provide an appropriate introduction to working with CYP with Autism and Learning Disability within the context of low intensity practice. CWPs/EMHPs will need to extend low intensity support where a child or young person has autism, ADHD or a learning disability.

They will develop an understanding of the core features of Autism, Learning Disabilities and associated conditions. They will also need knowledge of relevant legislation, medical and social models of disability and practice as well as the types of reasonable adjustments required in low intensity practice to meet the needs of this group. They will learn to deliver effective low intensity interventions with this client group.

|  |  |  |
| --- | --- | --- |
| **Module** | **Module Aims** | **Content / Learning Objectives** |
| **Module 4: Adapting Low Intensity Practice with CYP (and families) with neurodiversity including AUTISM / LD (15 credits)****30 credits** | To acquire knowledge and skills in supporting CYP and their parents / carers with AUTISM within a low intensity frameworkTo acquire knowledge and skills in supporting CYP and their parents / carers with LD within a low intensity frameworkTo provide effective Low Intensity support / interventions for CYP with Autism and Learning difficulties in relation to anxiety, depression, behaviour of concern and cognitive difficulties.  | Knowledge of Autism and Learning Disabilities:* A knowledge of diagnostic criteria for Autism (ICD and DSM) and clinical specifiers and placing these within an historical context
* A knowledge of the historical context to the development of diagnostic systems and their uses/limitations
* A knowledge of diagnostic criteria for Learning Disabilities (ICD and DSM) and clinical specifiers and placing these within an historical context
* An awareness of ‘red flags’ for the identification of possible Autism and where to seek help/advice
* An awareness of signs for identification of possible Learning Disabilities and where to seek help/advice
* An understanding of presentations of Autism at different chronological ages, at different levels of ability, at different levels of severity and possible gender differences in presentation.
* An understanding of the trajectory of development within Learning Disabilities and associated needs
* A knowledge of how the core features of Autism present, why this occurs, and an understanding of current theoretical concepts used
* A knowledge of how the core features of Learning Disabilities present, why this occurs and an understanding current theoretical concepts used
* A knowledge of the prevalence of Autism
* A knowledge of the prevalence of Learning Disabilities
* A knowledge of the risk factors for Autism
* A knowledge of the risk factors for Learning Disabilities
* A knowledge of typical development – details are covered in Core CYP IAPT Module
* An understanding of the impact of trauma/abuse/loss on an individual with Autism or Learning Disabilities and how these might have an impact on presentation
* A knowledge of common co-morbidities in Autism (mental health, physical health, neurodevelopmental and functional
* A knowledge of common co-morbidities in Learning Disabilities (mental health, physical health, neurodevelopmental and functional

Relevant Aspects of Legislation and context, for example:* A knowledge of the Autism Act, 2009
* A knowledge of the Children Act, 1989
* A knowledge of the Mental Capacity Act, 2005
* A knowledge of the Mental Health Act, 1983 (amended 2007)
* A knowledge of the Equality Act, 2010 and disability rights
* A knowledge of the United Nations Convention on the Rights of Persons with Disabilities
* A knowledge of the United Nations Convention on the Rights of the Child
* A knowledge of the Special Educational Needs and Disability Code of practice, 2014
* A knowledge of Education, Health and Care plans
* A knowledge of Care Treatment Reviews, 2015
* A knowledge of educational levels and provisions
* A knowledge of specialist CAMHS, Intellectual Disability/Learning Disability CAMHS and Autism services
* A knowledge of the multiagency/multidisciplinary context
* A knowledge of the current terminology used in Learning Disabilities and Autism and how these differ between Physical Health, Mental Health, Education and Social Care

Social models of disability and practice: * An understanding of the current concept of disability/handicap, the historical context and current models
* An understanding of the impact of a disability on development and everyday functioning
* An understanding of the ‘lived experience of a disability’
* An understanding of the neurodiversity in Autism debate
* An understanding of why to recognise strengths as well as difficulties in Autism Spectrum, Disorders and Learning Disabilities and why not to stereotype
* An understanding of atypical developmental profiles and the impacts of this on learning and skills development.

What to modify in low intensity assessment and practice:* An understanding of the reasonable adjustments required to work with children and young people with Autism and Learning Disabilities and their families, carers and involved services within low intensity framework
* A knowledge of working with multiple impairments e.g., sensory, physical, intellectual, speech, language and communication.
* A knowledge of use of language and communication and how to adapt to meet the needs of children and young people for communication differences (complexity, concreteness, rate, use of augmented methods throughout low intensity practice
* Awareness of the impact of the environment (colours, lighting, stimulation, noise, distractions) on children and young people with Autism Spectrum, Disorders and Learning Disabilities.
* An understanding of the types of modification required when working with these groups of young people e.g., processing, duration of intervention, frequency of contact, location of work, time of work, working through a proxy e.g., a parent/carer/teacher.
* An understanding of difficulties in generalisation of therapeutic work/concepts within Autism.
* An understanding of how to work with parents of a CYP with Autism or Learning Disabilities.

**LI approaches / Interventions:*** Knowledge and skills in adapting low intensity assessments and low intensity interventions for those with AUTISM/LD
* Implement and facilitate AUTISM/LD low intensity interventions targeting core deficits
* Translate awareness to offer information/ psycho education to others with the CYPs wider system
* To co-deliver group-based, parent/carer training programme providing understanding, insight and behavioural management strategies for children and young people presenting with neurodiversity e.g., ADHD and Autism as well as LD and co-existing conditions (NICE, NG87, September 2019)

**Adapted LI CBT for anxiety and low mood:*** To understand the evidence of LI interventions in relation to anxiety and depression with CYP with LD/AUTISM
* To understand and apply adaptations of LI CBT (assessment and interventions) for AUTISM and LD presentations including emotion recognition training, greater use of written and visual information and structured worksheets, a more cognitive concrete and structured approach, simplified cognitive activities, involvement of parents / carers, maintaining attention, incorporating special interests into intervention, strategies to support generalisation
* To understand and be able to apply (via assessment and intervention process) low intensity behavioural approaches to anxiety and depression, including graded exposure and behavioural activation

**Interventions for behaviours of concern (functional analysis):*** To understand common behaviours of concern
* To understand the role of precipitating and perpetuating factors
* To understand and apply principles of reinforcement and functional analysis
* To understand and apply behavioural theory and the fundamentals of behavioural assessment and interventions for behaviour of concern
* To understand the evidence base and values underpinning positive behaviour support
* To develop skills in the use of behavioural techniques including positive reinforcement, differential reinforcement of alternative behaviour, distraction, desensitization, relaxation and distress tolerance support
* To be able to reduce the likelihood of behaviour via antecedent approaches and the use of differential reinforcement and extinctions strategies within a positive behaviour support framework.

**Problem-Solving and executive function:*** Understand the everyday executive function needs of CYP with AUTISM/LD and how these interact with the mental health and social functioning of CYP with AUTISM/LD, and the family’s levels of stress.
* Know how to assess, deliver, and supervise the delivery, of problem-solving approaches to CYP with LD/AUTISM (to include to include training in inhibition, self-monitoring, emotion regulation and effective communication strategies
* To understand and know how to support the CYP and their families select intervention content based on their own individual needs.
* To be able to deliver sessions on problem solving, organisation skills, social communication, emotion and behaviour regulation strategies, managing anger and worries as appropriate
* To know how to support the CYP and their families to implement the strategies that they have learnt in their everyday life.
 |

**Course Structure and teaching and learning strategies:**

The diploma will be delivered over approximately 64 taught days (to include supervision of practice and supervision of supervision) in addition to service-based learning and private study. The training may be delivered ideally in a blended format including both remote and face to face training. HEIs are encouraged to provide the G/PG DIP as a part time training programme over 2 years to support release of EMHPs / CWPs from their clinical settings. Consideration will be needed as to the appropriate pulsing and ordering of the modules to meet local workforce and service need and national commissioning.

**Indicative taught days**:

Modules 1 and 2: To include approximately 20 days teaching (to include supervision of supervision) over a 9–12-month period.

Module 3: To include approximately 24 days teaching (to include supervision of clinical practice)

Module 4: To include approximately 20 days teaching (to include supervision of clinical practice)

The training programme will need to contain workshops on theoretical / clinical skills in relation to supervision / enhanced practice and then a minimum of 6 supervision of supervision sessions / implementation groups to support the developing supervisory skills and overcoming implementation challenges.

Further supervision of enhanced practice and practice with CYP and families in the context of enhanced practice and neurodiversity should be offered by HEIs if the knowledge and skills do not exist within the existing MHST or CYPMH workforce. Local and Regional approaches to supervision, delivered by appropriately trained and experienced supervisors, may be needed in the early stages of implementation/training.

While knowledge, facts, theories, and approaches to problems and solutions will be taught, an equal weighting will be given in the course to learning through reflection on the process of supervision / learning itself, underpinned by a peer support and coaching/mentoring process. Trainees should also be encouraged to bring tapes of their own supervision / practice to the smaller supervision of supervision groups. Tapes can be viewed remotely or in person depending on the format of the session. Each module should therefore contain a combination of direct teaching, discussion, group work and experiential learning via:

* Workshops covering relevant theory and practice (modules 1-4)
* Clinical / supervision skills practice (modules 1 to 4)
* Supervision of supervision / implementation groups (modules 1 and 2)
* Supervision of clinical practice (modules 3 and 4)

**Supervision and Clinical practice:**

Modules 1 and 2: Senior trainees will need to oversee 80 hours of clinical practice if they are supervising trainee CWPs / EMHPs and 8 completed cases with a spread of difficulties to include working with anxiety, low mood and behavioural difficulties, including working with parents.

This will involve the provision of 40 hours of clinical supervision (ideally split as 20 case management, 20 clinical skills). In addition, they will need to evidence supervision of supervision in relation to their case management and clinical skills supervision (a minimum of 6 sessions).

Modules 3: Trainees will be required to apply at least four of the topics / interventions covered in module 3. They will therefore need to evidence a minimum of four completed cases. Completed cases are defined as: clients seen from assessment to achieving goals set in as few sessions as needed or termination of treatment (according to agreed ending or withdrawal) seen for a minimum of 5 sessions.

Module 4: Trainees must work with a minimum of three cases in module 4. The CYP seen as part of module 4 must have a suspected or given diagnosis of Learning Disability, Autism or ADHD. At least one case must be a low intensity intervention (e.g., group work for ADHD) or adapted LI CBT for anxiety or depression and the other case must be working with behaviours of concern or problem solving for executive functioning.

They will therefore need to evidence a minimum of three completed cases. Completed cases are defined as: clients seen from assessment to achieving goals set in as few sessions as needed or termination of treatment (according to agreed ending or withdrawal) seen for a minimum of 5 sessions.

**Assessments:**

Success of the Senior EMHP/CWP trainees on the course will be assessed using a range of assessments. Please note these assessments are for guidance only – each HEI may specify individual requirements however:

* At least one video assessment is compulsory for Modules 1 or 2 demonstrating skills in delivering low intensity clinical or case management supervision
* At least one video assessment is compulsory for Module 3, demonstrating skills in planning and implementing an enhanced low-intensity intervention.
* At least one video assessment is compulsory for Module 4, demonstrating skills in planning and implementing an adapted low-intensity intervention for CYP with neurodiversity.
* A supervision Portfolio should be included in modules 1 and 2
* A service-based portfolio / Practice Outcomes Document should cover clinical work in modules 3 and 4 and demonstrate competence in clinical practice outcomes. The portfolio should include details of the number of contacts and ‘intervention’ sessions for each. Supervisor evaluation and sign off is considered a critical part of the evaluation process. Different sources of evidence can be used to demonstrate completion of each POD competency (direct observation by clinical supervisor, discussion and questioning by the clinical supervisor in supervision, testimony from other colleagues, written case records, use of video recordings of clinical encounters and feedback from clinical supervisor on these, reflective accounts of how the outcome(s) was achieved, drawing upon the research evidence base and feedback volunteered by YP and families).

**Modules 1 and 2**

Modules 1 and 2 must include direct observation of supervision in the form of video recordings of supervision sessions. Trainees will also be assessed by a combination of:

* An essay on the theoretical underpinnings of delivering supervision in CYPMHS/MHSTs in relation to CWP / EMHP practice
* A video tape and reflective commentary (2000 words) of a supervision session of either or both:
	+ Supervision of low intensity supervision session (case management supervision)
	+ Supervision of whole school / community-based approach
* A Supervision portfolio should be presented at the end of the course detailing an overview of supervision given and received and evidence of meeting supervision competencies. This should include a report by the training / service supervisor and include feedback from supervisees.
* MHST / CYP Community implementation project which outlines a whole school / community approach and the supervisory skills and support provided to the EMHP / CWP (3000 words).

**Module 3**

* A video recording demonstrating skills in planning and implementing a low-intensity treatment in relation to enhanced practice and a 1000-word reflective video analysis
* 2,000-word clinical report and / or presentation with written account on the implementation of an enhanced practice intervention.

N.B. two different types of enhance practice intervention need to be represented in the two assessments above

• Practice Portfolio / Practice Outcomes Document

Module 4

• 2,000-word clinical report and / or presentation with written account on the implementation of an adapted intervention.

• Video recording of competency skill in adapted intervention and reflective analysis (1000 words)

N.B. two different types of intervention (e.g., Group for ADHD/LI CBT or behaviour of concern / problem solving interventions need to be represented in the two assessments above (i.e., the same case cannot be written up for both assessments)

• Practice portfolio / practice outcomes document

1. [↑](#footnote-ref-1)
2. [↑](#footnote-ref-2)